PATIENT EDUCATION

# The Patient's Guide to Healthy Veins

Understanding, treating, and living well with venous disease


AVANCÉ VEIN CARE

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CHAPTER ONE

# Understanding Vein Disease

Your leg veins carry blood back toward your heart — uphill, against gravity. To manage that climb, healthy veins contain a series of one-way valves that open as blood moves upward and close to keep it from sliding back down.

In chronic venous insufficiency, some of those valves stop closing properly. Blood leaks backward — a process called reflux — and pools in the lower leg. Over time, that extra pressure stretches the vein walls, which can produce the twisted, bulging cords known as varicose veins, along with aching, heaviness, and swelling.

Vein disease is progressive: it tends to develop gradually and does not resolve on its own. It can also be far more than a cosmetic concern — untreated reflux may lead to skin changes near the ankles and, in some cases, open sores (venous ulcers).

### THE GOOD NEWS

Modern vein care looks nothing like the hospital "vein stripping" of past decades. Today, diseased veins are typically treated in the office under local anesthesia, and patients walk in and walk out the same day. Once a refluxing vein is closed, the body reroutes blood through the many healthy veins nearby.

CHAPTER TWO

# Symptom Checklist

Vein disease often announces itself quietly. Review the list below and check any symptom you experience regularly — it is a useful starting point for a conversation with your physician.

- ☐ Legs that feel heavy or achy by evening
- ☐ Visible bulging or rope-like veins
- ☐ Spider veins (fine red, blue, or purple webs on the skin)
- ☐ Swelling around the ankles, especially late in the day
- ☐ Night cramps or restless legs
- ☐ Itching or darkening of the skin near the ankles
- ☐ A sore near the ankle that has healed slowly — or has not healed

### IF YOU CHECKED ANY BOX

Checking one or more boxes does not mean you have vein disease — but it does mean an evaluation is worthwhile. A painless duplex ultrasound can show exactly how well your vein valves are working, and it is performed right in the office.

CHAPTER THREE

# Your Treatment Options

Every treatment below is performed in the office by Dr. Tadepalli, under local anesthesia, on a walk-in, walk-out basis. The right option — or combination — depends on your ultrasound findings and your goals.

### Radiofrequency Ablation (RFA)

A thin catheter is guided into the diseased vein under ultrasound and uses gentle heat to seal it closed from the inside. Blood immediately reroutes through healthy veins. Most patients return to normal activities quickly, often the same day.

### Endovenous Laser Ablation (EVLA)

Similar to RFA, but the vein is closed with laser energy delivered through a slender fiber. The procedure is done through a tiny entry point — no incisions or stitches — and you walk out afterward.

### Varithena® Microfoam

A prescription microfoam is injected into the diseased vein under ultrasound guidance, causing it to collapse and seal. Because no heat is used, it can be a good fit for veins that are twisted or hard to reach with a catheter.

### VenaSeal™ Adhesive Closure

A small amount of medical adhesive is placed inside the vein to close it — no heat and no tumescent anesthesia along the vein. Many patients need little or no compression stocking wear afterward; Dr. Tadepalli will advise what is right for you.

# Your Treatment Options

### Ultrasound-Guided Foam Sclerotherapy

A foamed medication is injected into veins beneath the skin's surface, located precisely with ultrasound. The treated vein seals and is gradually absorbed by the body. Often used for branch veins that feed varicose clusters.

### Visual Sclerotherapy

The classic treatment for spider veins. Using a very fine needle, a solution is injected directly into the visible veins, which fade over the following weeks. Several short sessions may be recommended for the best cosmetic result.

### Microphlebectomy

Bulging surface varicose veins are removed through openings so small they typically need no stitches. Performed under local anesthesia, it offers immediate improvement in the appearance of large, ropy veins — and you walk out the same day.

#### CHOOSING AMONG THEM

These techniques are complementary, not competing. A personalized plan often pairs one method for the underlying refluxing vein with another for surface branches or spider veins. Your plan is explained in plain language before anything is scheduled.

CHAPTER FOUR

# Insurance & What Plans Typically Require

When vein disease causes symptoms, treatment is generally considered medical — not cosmetic — and is covered by insurance when medically necessary. Most plans look for a few things before approving treatment:

- Documented symptoms — such as aching, heaviness, swelling, cramping, or skin changes — recorded at your visit.
- Duplex ultrasound findings that confirm valve reflux in the vein to be treated.
- Sometimes, a trial of conservative therapy first — most commonly wearing compression stockings for a period your plan specifies.

Requirements vary from plan to plan, which is why Avancé Vein Care verifies your benefits before your visit and handles pre-authorization for you. You will know where you stand before treatment begins.

### PLANS WE WORK WITH

Medicare, Medicaid, BlueCross BlueShield, Aetna, UnitedHealthcare, Cigna, Horizon, AmeriHealth, and most major plans. Purely cosmetic treatments, such as spider-vein sclerotherapy without underlying reflux, are typically not covered — this is always discussed with you up front.

CHAPTER FIVE

# What to Expect at Your Consultation

Your first visit is unhurried and entirely physician-led. Here is how it unfolds:

**01 A conversation and exam**

Dr. Tadepalli reviews your history and symptoms and examines your legs. No assistants, no hand-offs — every consultation is performed personally by the physician.

**02 Duplex ultrasound, performed by the physician**

A painless ultrasound maps your leg veins and shows precisely which valves are leaking. Dr. Tadepalli performs and interprets the scan himself, in the office.

**03 A plain-language explanation**

You see what the ultrasound shows and hear what it means — in everyday terms, not jargon.

**04 A personalized plan**

If treatment is appropriate, you receive a plan tailored to your anatomy, symptoms, and goals. If it is not, you will be told that, too.

**05 Insurance, discussed up front**

Your benefits are verified before the visit, and coverage and any requirements are explained before anything is scheduled.

CHAPTER SIX

# Frequently Asked Questions

### Is treatment painful?

Most patients report only minor discomfort. Procedures are performed under local anesthesia, and any soreness afterward is typically mild and short-lived.

### How long does a procedure take?

Most office procedures are completed within about an hour, including preparation. You walk in and walk out the same day.

### When can I return to normal activities?

Walking is encouraged right away. Most patients resume everyday activities quickly — often the same or next day — though strenuous exercise may be deferred briefly. You will receive specific guidance for your procedure.

### Do treated veins come back?

A properly closed vein stays closed and is absorbed by the body. However, vein disease is a chronic condition, and new veins can develop reflux over time — which is why follow-up care matters.

### Do I need a referral?

A referral is not required to schedule a consultation, though some insurance plans may require one for coverage. Our office verifies your plan's requirements before your visit.

### Will insurance cover my treatment?

When treatment is medically necessary — documented symptoms plus ultrasound-confirmed reflux — most major plans provide coverage. Benefits are verified and explained before treatment begins.